

Name  
in  
Full

Rose E. Albers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield</i> <sup>Town</sup> <i>Hospital</i>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>April</i> <sup>Month</sup>	<i>20<sup>th</sup></i> <sup>Day</sup>	Age <i>40</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>E. Albers</i>			
Father's Name <i>R. B. Miller</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Hospital records</i>		How related to deceased <i>None</i>			

## CAUSES OF DEATH

20

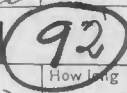
PHYSICIAN  
OR CORONER

Primary	<i>Septic Infection</i>	How long	<i>2 weeks</i>
Immediate	<i>Septicemia &amp; Exhaustion</i>	How long	<i>?</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Henry Fisher M.D.</i>	
		Address <i>Sykesville</i>	
Accident or Suicide? <i>no</i>		<i>Ver</i> <i>Ind -</i>	

This patient had large bed sore. with secondary  
infection and a large abscess. She was markedly  
"septic." The cause of the abscess is questionable.

Very Respt.

W. Henry Fisher. M. D.

Name in Full		James Elmer Aldridge				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near</i>	Town Daniel		County Carroll		MARYLAND	
	Date of death	1908	Month 4	Day 18	Age —	Months 8	Days 14
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		<i>near Daniel. Md.</i>	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	James A. Aldridge				Father's Birthplace	Carroll Co. Md.
	Mother's Maiden Name	Bertha B. Jenkins				Mother's Birthplace	Carroll Co. Md.
Name of person giving information	James A. Aldridge				How related to deceased	Father.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Catarrahal, Pneumonia				How long	two weeks.
	Immediate	Asphixia				How long	six hours.
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		
					Address		
					H. Y. Cronk M.D. Taylorville, Md.		
Accident or Suicide?							

Bethel

Name  
in  
Full386  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Emanuel M. Arnold</i>		Town <i>Reese</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Reese</i>		Month <i>April</i>		Day <i>4</i>		Age <i>52</i>	
Date of death <i>1908</i>		Years <i>6</i>		Months <i>13</i>		Days <i>13</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jennie Rand</i>					
Father's Name <i>John Arnold</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Cresswell</i>		Mother's Birthplace <i>Kid</i>					
Name of person giving information <i>Jennie Arnold</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

18

PHYSICIAN  
OR CORONER

Primary <i>Erysipelas</i>	How long <i>2 weeks</i>
Immediate <i>Congestion of Brain</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. D. Hays W.D.</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>No</i>	

Shaver .

Sandy Mount -

Name  
in  
Full342  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Esther Baker</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Month <i>April</i>		Day <i>10</i>		Age <i>63</i>	
Date of death <i>1908</i>		Months <i>8</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Enterprise</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John B Baker</i>					
Father's Name <i>Solomon Earnest</i>		Father's Birthplace <i>Penn</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>J H Baker</i>		How related to deceased <i>son</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>attack in</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry M. Fisher</i>
	Address <i>Westminster, Md.</i>
Accident or Suicide? <i>—</i>	

Rocky Hill  
Fred. Co.



Name  
in  
Full

Eliza Barnes

334

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month	April	Day	1	Age	62
Sex	Female		Color or Race	Colored		Birth-place	Maryland
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Don't know			
Father's Name	Don't know					Father's Birthplace	Unknown
Mother's Maiden Name	Don't know					Mother's Birthplace	Unknown
Name of person giving information	Mrs Ed Horsey					How related to deceased	Daughter

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Tetral Regurgitation, Chronic</i>		How long	<i>4 years</i>
Immediate	<i>Heart failure</i>		How long	<i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Arthur Bann</i>	
			Address <i>Westminster Md</i>	
Accident or Suicide?				

Wesley Chapel Cemetery  
J. M. Storer.

Name  
in  
Full

Maria Elizabeth Benson

386  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND						
Westminster		Carroll										
Date of death		1908	Month	April	Day	19	Age	78	Years	8	Months	Days
Sex		Female		Color or Race		White		Birth-place		Maryland		
Occupation		House Wife		Where Residing if not at place of death								
Married, Single or Widowed		Widow		Name of Wife or Husband		Benjamin F. Benson						
Father's Name		John B. Thomas		Father's Birthplace		Maryland						
Mother's Maiden Name		Annie E. Hooyer		Mother's Birthplace		do						
Name of person giving information		John B. Thomas		How related to deceased		Brother						

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	Acute Bronchitis	How long	4 weeks
Immediate	Sub acute Bronchitis X Heart Failure	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas. R. Trout	
Address		Westminster	
Accident or Suicide?		No	

Lindbergh

Inszen am 2

Name in Full		Mary Brothers				343 CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Eastview		County Carroll		MARYLAND	
	Date of death		1908	Month April	Day 11	Age 67	Months 10	Days 16
	Sex Female		Color or Race White		Birth-place Palapasco			
	Occupation House Wips		Where Residing if not at place of death					
	Married, Single or Widowed Widowed		Name of Wife or Husband Thomas M Brothers					
	Father's Name Lyn Blizzord		Father's Birthplace Don't know					
	Mother's Maiden Name Doug Know		Mother's Birthplace Don't know					
	Name of person giving information Thomas B Brothers		How related to deceased Step Son					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">93</div>								
PHYSICIAN OR CORONER	Primary		Pneumonia				How long	One Week
	Immediate							
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R M Wells	
					Address		Gambro	
	Accident or Suicide?							

Providence Corn Near  
Gambia

Name  
in  
Full

Thomas B Brothers

335  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near East view</i>		Town <i>Le Carroll</i>		County		MARYLAND	
Date of death	1908	Month	April	Day	3	Years	76
Sex	male	Color or Race	White	Months	9	Days	6
Occupation	Drafter			Birth-place		East view	
Where Residing if not at place of death							
Married, Single or Widowed	Married		Name of Wife or Husband		Marry S. Smith		
Father's Name	Benjamin F. Brothers			Father's Birthplace	Maryland		
Mother's Maiden Name	Pith Muller			Mother's Birthplace	Idaho		
Name of person giving information	James A. Gosnell			How related to deceased	Son-in-law		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>One Week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. A. Stalls</i>
		Address	<i>Gambier Md</i>
Accident or Suicide?			

Shaver

Gambel



Name  
in  
Full

Hezekiah Cashner

## CERTIFICATE OF DEATH

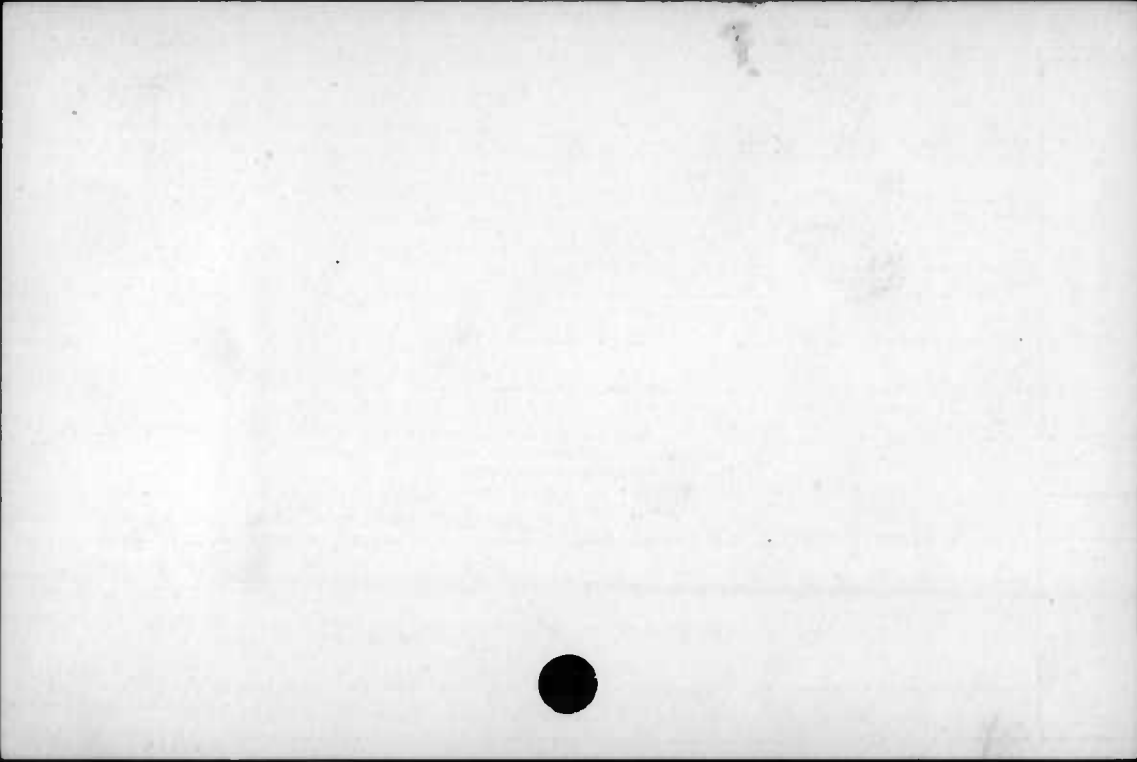
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Marion</b> <small>Town</small>		<b>Carroll</b> <small>County</small>		MARYLAND	
Date of death <b>1908</b> <small>Month</small> <b>April</b> <small>Day</small> <b>29</b> <small>Years</small> <b>89</b>		Age <b>89</b>		Months	Days
Sex <b>Male</b>	Color or Race <b>White</b>	Birth- place <b>Maryland</b>			
Occupation <b>Wheelwright</b>	Where Residing if not at place of death <b>Marion</b>				
Married, Single or Widowed <b>Widower</b>	Name of Wife or Husband <b>Harriet Elizabeth Cashner</b>				
Father's Name <b>Peter Cashner</b>	Father's Birthplace <b>England</b>				
Mother's Maiden Name <b>Harriet Millions</b>	Mother's Birthplace <b>Maryland</b>				
Name of person giving Information <b>Julia Cover</b>	How related to deceased <b>Daughter</b>				
CAUSES OF DEATH					

82

PHYSICIAN  
OR CORONER

Primary	<b>Embolism (Cerebral)</b>	How long	
Immediate	<b>Embolism (Cerebral)</b>	How long	<b>2 days</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>E. H. Brown</b>	
<b>Yes</b>		Address	
Accident or Suicide?			



Name  
in  
Full

William Woods Crapster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Lameytown

County

Carroll

MARYLAND

Date of death 1908 Apr

Day 13

Age 66 Years

4 Months

7 Days

Sex

Male

Color or Race

White

Birth-place

Ind

Occupation

Retired Farmer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Susan G Crapster

Father's Name

Abraham Crapster

Father's Birthplace

Ind

Mother's Maiden Name

Alice Patterson

Mother's Birthplace

"

Name of person giving information

J E Crapster

How related to deceased

Son

## CAUSES OF DEATH

39

PHYSICIAN  
OR CORONER

Primary

Cancer Submaxillary Gland

How long

2 yrs

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

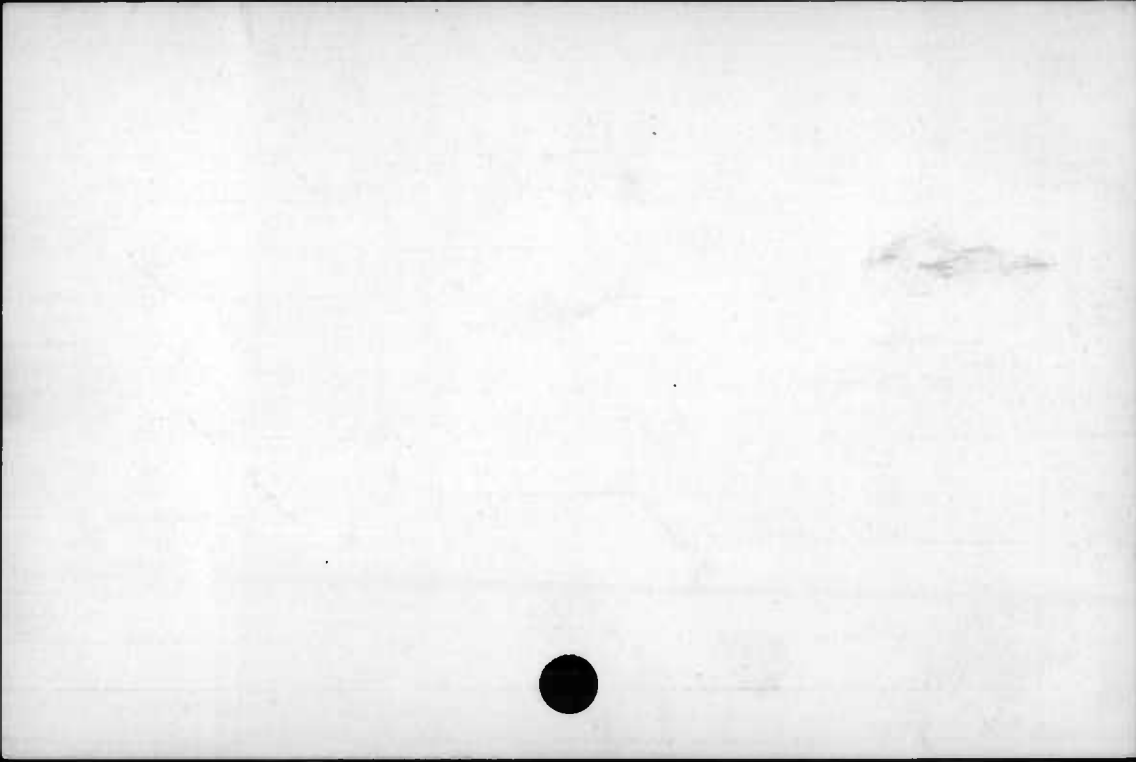
yes

Signature of Physician

Address

L B Irvine MD  
Lameytown

Accident or Suicide?



Name  
in  
Full

Minnie J. Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

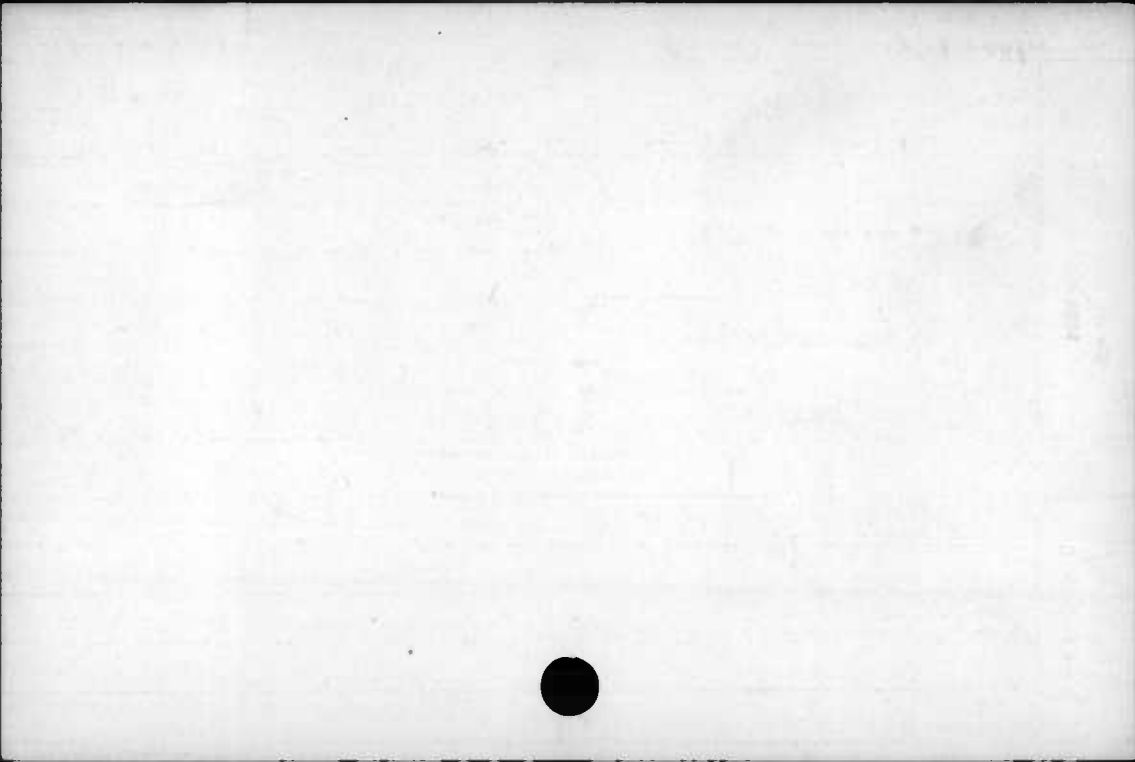
Died at <i>Uniontown</i>		Town <i>Uniontown</i>		County <i>Laarroll</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>April</i>	Day <i>13</i>	Age	Years <i>28</i>	Months <i>3</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>W.</i>		Birth-place <i>Ind.</i>				
Occupation <i>House Wk.</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Geo A Davis</i>	Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Linnie Slutz</i>	Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>J. M. Bowersox</i>	How related to deceased <i>Sister</i>						

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary <i>Acute Interstitial Nephritis</i>	How long <i>2 mos.</i>
Immediate <i>General Anaxema</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Lester A Kemp</i>
	Address <i>Uniontown Ind.</i>
Accident or Suicide?	



Name  
in  
Full

Halish Grant Dayhoff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Linwood* Town *Carroll* County

Date of death *1908* Month *April* Day *22* Age *41* Years Months *10* Days *8*

Sex *male* Color or Race *White* Birth-place *Md.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Fannie Leekins*

Father's Name *Lias Dayhoff* Father's Birthplace *Md.*

Mother's Maiden Name *Elveth Dayhoff* Mother's Birthplace

Name of person giving information *Fannie Leekins* How related to deceased *Wife*

## CAUSES OF DEATH

Primary *Stomach Tumors*

*Cut Throat*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. Henry Keathley*

*New Windsor*

*Md.*

Accident or Suicide?

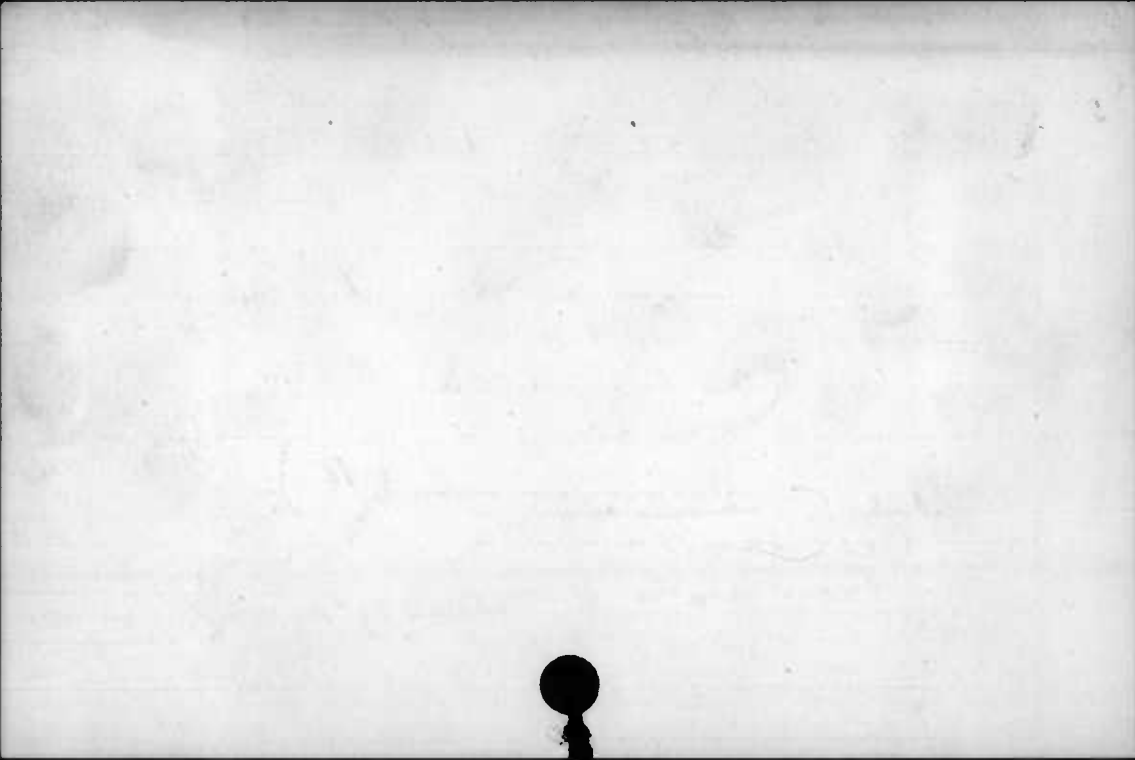
*Suicide*

160

How long

How long

*7 days*PHYSICIAN  
OR CORONER





D Carlton Derr

Town

County

Died at Union Bridge

Carroll

MARYLAND

1908      Month 4      Day 20      Y. 58      M. 5      D. +      Native of Md      Occupation Harness mkr

Male      White      Married      Widow      Divorced      Number of children living Four

Husband of Mary Susan Derr (64)

Father's Name John Derr      Mother's Name Harriette Derr

Cause of Death { Primary Cerebral Hemorrhage one day


Death { Immediate Pulmonary Oedema      How long sick      Accident, Suicide, Homicide

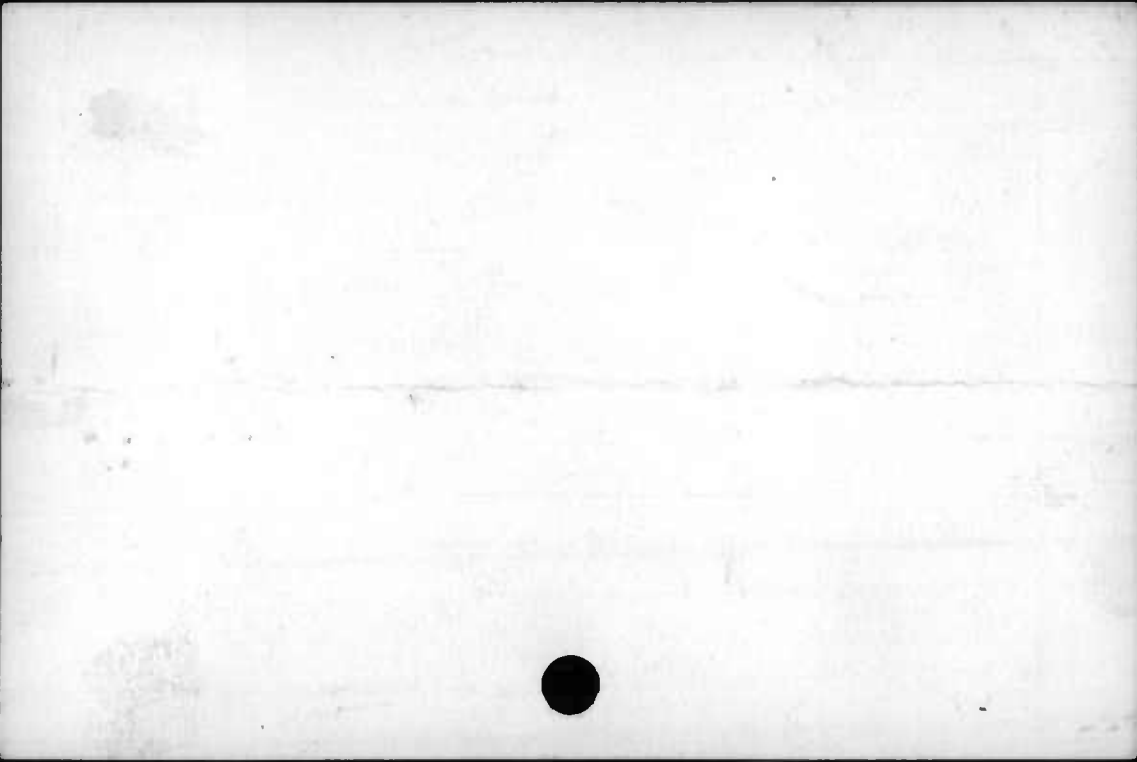
Reported by Dr J. H. Legg (M.D.)

Address Union Bridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's birthplace — Unknown.  
Mother's birthplace — Unknown.

Name in Full		Alisa Dietrick				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Lylesville</i> <sup>Town</sup>			<i>Carroll</i> <sup>County</sup>			MARYLAND	
		Date of death <i>1908</i> <sup>Month</sup> <i>April</i>		<i>10</i> <sup>Day</sup> <i>th</i>		Age <i>60</i> <sup>Years</sup>		Months <i>  </i> Days <i>  </i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
		Occupation <i>Housewife</i>			Where Residing if not at place of death <i>-</i>				
		<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <i>Widowed</i>		Name of <del>Wife</del> or Husband <i>Charles Dietrick</i>					
		Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
		Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
		Name of person giving information <i>Hospital Records.</i>				How related to deceased <i>-</i>			
PHYSICIAN OR CORONER		CAUSES OF DEATH						106	
		Primary <i>Colitis</i>						How long <i>2 days</i>	
		Immediate <i>Cardiac Syncope</i>						How long <i>-</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>						Signature of Physician <i>John Norfolk Morris M.D.</i>	
						Address <i>Springfield Hospital, Lylesville, Carroll Co. Md.</i>			
						Accident or Suicide? <i>-</i>			



Name  
in  
Full

Isaac Green

340  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		April	7	80	10		
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Farmer & Miller			Where Residing if not at place of death	Sandyville		
Married, Single or Widowed	Widower	Name of Wife or Husband	Nancy Lefko				
Father's Name	Isaac Green			Father's Birthplace	Maryland		
Mother's Maiden Name	Catharine Barnes			Mother's Birthplace	Id		
Name of person giving information	Frank Magee			How related to deceased	Nephew		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Heart Disease & Dropsy	How long	6 Months
Immediate	Heart Failure	How long	day or two
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jas. H. Billingslea	
Address		Westminster Md	
Accident or Suicide?		No -	

Sandy Mount

Name  
in  
Full

Mrs. Magdalena Hain.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Alexia <sup>town</sup> Carroll <sup>County</sup>  
Date of death 1908 <sup>Month</sup> April <sup>Day</sup> 27 <sup>Years</sup> 62 <sup>Months</sup> — <sup>Days</sup> 11  
Sex Female Color or Race White Birth-place France  
Occupation Wife Where Residing if not at place of death

Married, Single  
~~or Widowed~~Name of Wife or  
HusbandMr. John HainFather's  
NameMichael DroschFather's  
BirthplaceFranceMother's  
Maiden NameLena SchaffMother's  
BirthplaceFranceName of person giving  
InformationMr. John HainHow related  
to deceasedHusband

## CAUSES OF DEATH

79

How long

6 Mo.

Primary

Heart Disease

How long

3 days

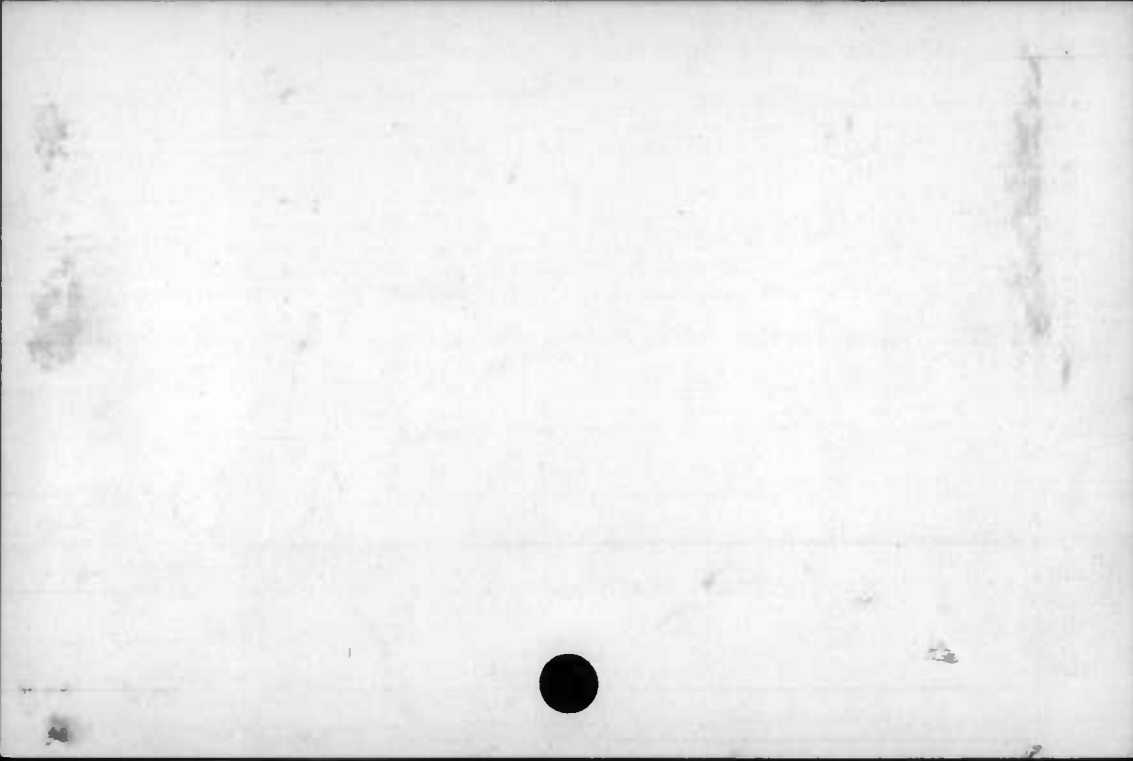
Immediate

Uremic ComaAre the name, age, sex, color, date  
and place correctly given above?Yes.Signature of  
Physician

Address

T. Howard Clark  
Linebard Md.

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

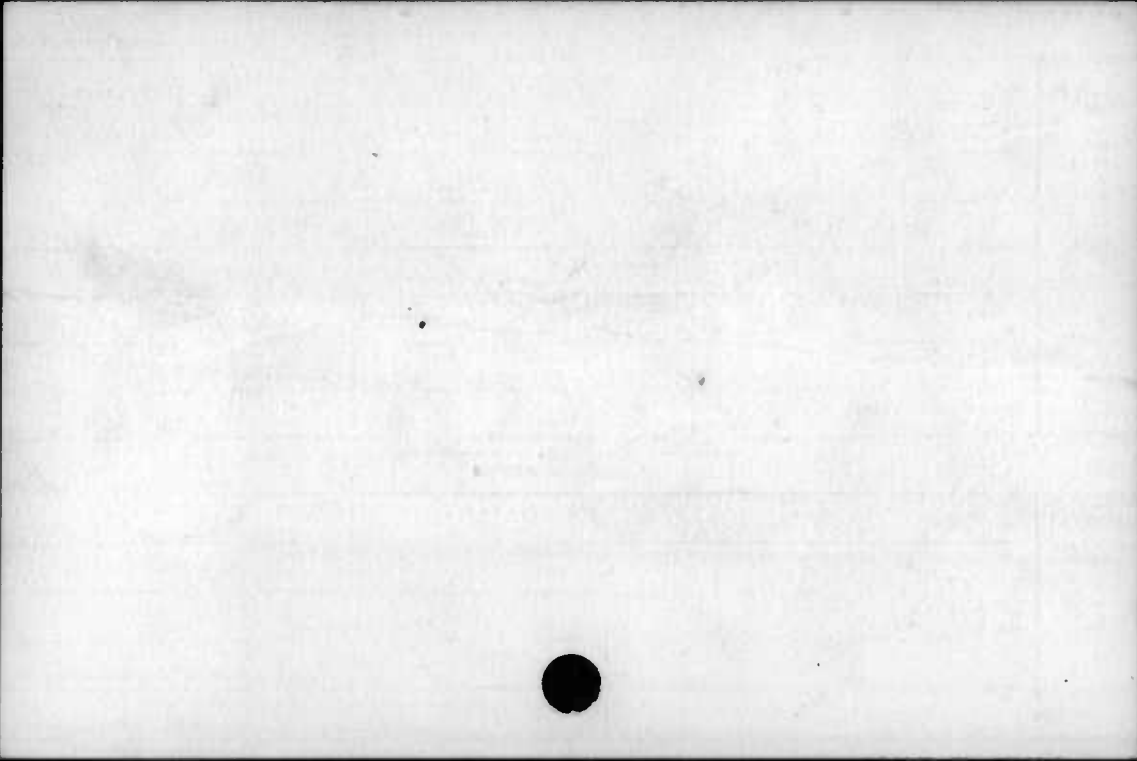
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Hosp</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month <i>April</i>	Day <i>6</i>	Age <i>67</i>	Years <i>67</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Months
Occupation <i>Huckster</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Hospital records</i>	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Organic dementia</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. J. Caney</i>
<i>no</i>	Address <i>Sykesville Md.</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Elizabeth Mary Heizeuroeder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Springfield Hospital* <sup>Town</sup>*Carrace* <sup>County</sup>

MARYLAND

Date  
of death *1908*Month  
*April*Day  
*5th*

Age

Years  
*47*

Months

Days

Sex

*Female*Color or  
Race*white*Birth-  
place*Balto. Md -*

Occupation

*Home wife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Michael Heizeuroeder Heizeuroeder*Father's  
Name*Unknown*Father's  
Birthplace*Unknown*Mother's  
Maiden Name*Unknown*Mother's  
Birthplace*Unknown*Name of person giving  
in formation*Hospital records*How related  
to deceased*None*

## CAUSES OF DEATH

92

Primary

*Broncho-Pneumonia*

How long

*2 weeks*

Immediate

*Exhaustion*

How long

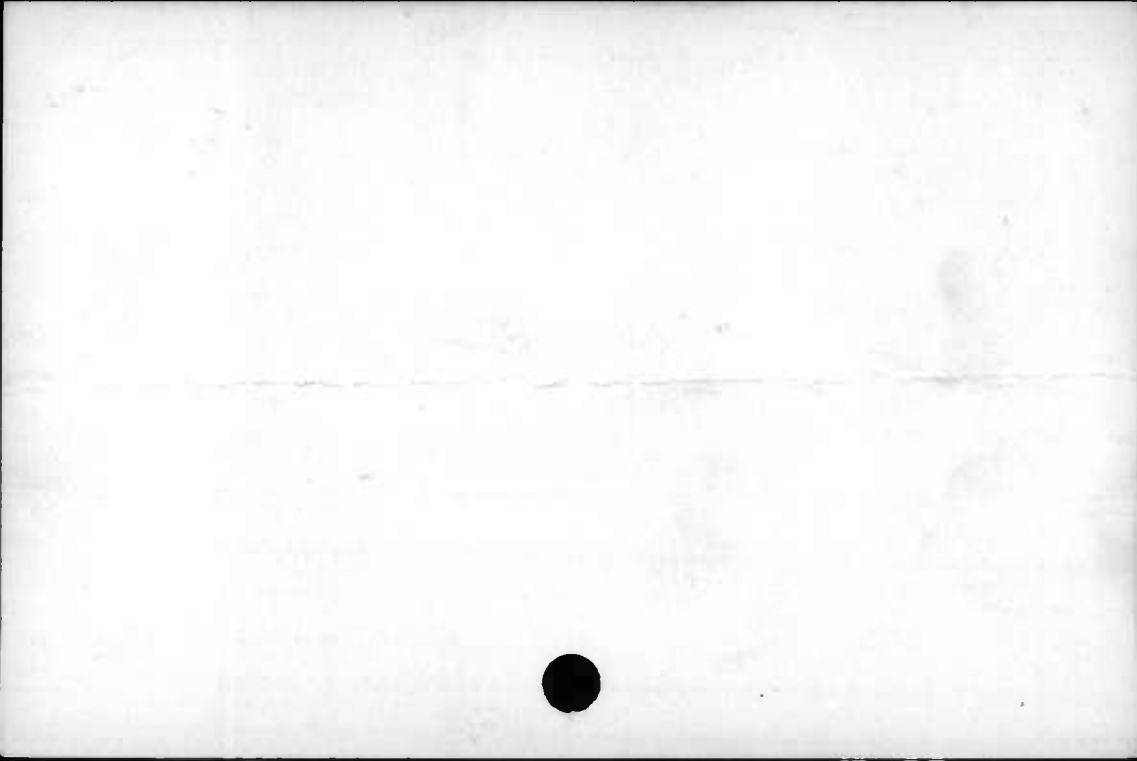
*2 days*Are the name, age, sex, color, date  
and place correctly given above?*yes.*Signature of  
Physician*W. Henry Fisher M.D.*

Address

*Sylmarville**Md*

Accident or Suicide?

*no.*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

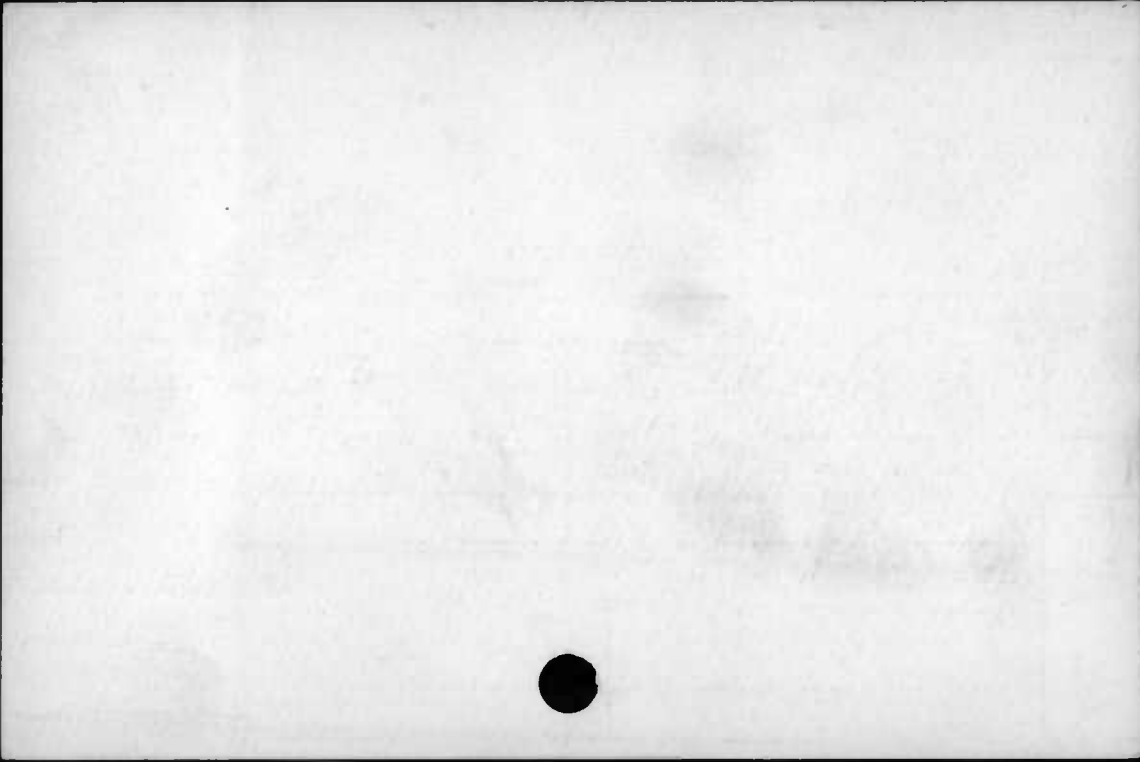
Name in Full <i>Hamilton Hobbs</i>		Town <i>near Freedom</i>		County <i>Carroll</i>		STATE <i>MARYLAND</i>	
Died at <i>near Freedom</i>		Month <i>8 Apr.</i>		Day <i>22</i>		Years <i>78</i>	
Date of death <i>1908 Apr. 22</i>		Age <i>78</i>		Months <i>11</i>		Days <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Howard Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>At home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary J. Hobbs</i>					
Father's Name <i>Robert Hobbs</i>		Father's Birthplace <i>Howard Co.</i>					
Mother's Maiden Name <i>Elizabeth N. Hobbs</i>		Mother's Birthplace <i>Howard Co.</i>					
Name of person giving information <i>Harry H. Hobbs</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Catarrhal Pneumonia</i>	How long	<i>About a week</i>
Immediate	<i>Cardiac failure</i>	How long	<i>About a week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. W. Hiffenger</i>	
		Address <i>Sylvester, Md.</i>	
Accident or Suicide? <i>No.</i>			



Name  
in  
Full

Unborn Infant (Still Born)

Hord

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

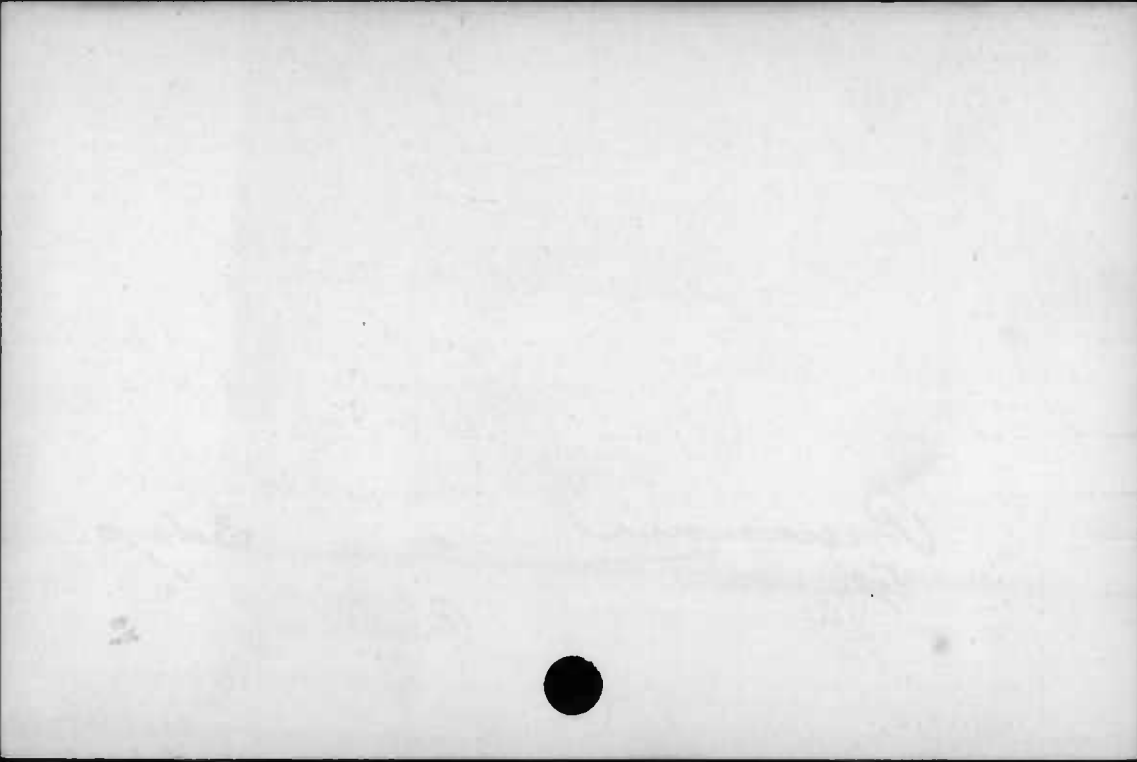
Died at <u>man Dywies</u>		Town <u>man Dywies</u>		County <u>Carroll</u>		MARYLAND	
Date of death	1908	Month	4	Day	29	Age	none
Sex	female	Color or Race	white	Years	none	Months	none
Occupation	none	Birth-place	Wt.	Where Residing if not at place of death	same	Days	none
Married, Single or Widowed	—	Name of Wife or Husband	—				
Father's Name	James Bohn Hord —					Father's Birthplace	Wd —
Mother's Maiden Name	Grace Francis Doney —					Mother's Birthplace	Wt —
Name of person giving information	G.F. Doney —					How related to deceased	Mother

## CAUSES OF DEATH

5

PHYSICIAN  
OR CORONER

Primary	Unknown —	How long	—
Immediate	Unknown —	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M. Frank Eucart, M.D.
		Address	Dywies, Wt.
Accident or Suicide?			





Name  
in  
Full

Ellen Houch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

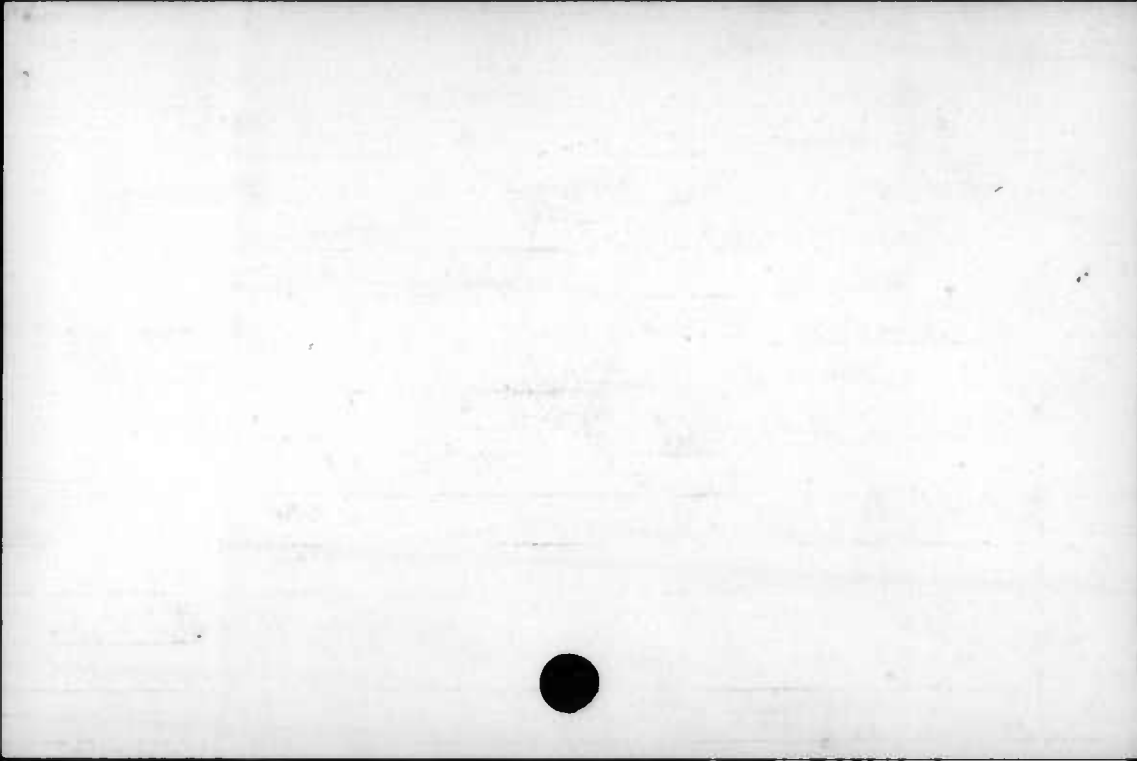
Died at <i>Keyville</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Apr</i>	Day <i>7</i>	Age <i>84</i> Years	<i>7</i> Months <i>19</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>William Houch</i>			
Father's Name <i>Conrad Cullinger</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Catherin Frankfoder</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Erud Fox</i>		How related to deceased <i>Son-in-law</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles E. Prop</i>
	Address <i>Tarrytown</i>
Accident or Suicide?	<i>Ind</i>



Name  
in  
Full

Mary Matilda Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield Johnson</i>		Town <i>Carroll</i>		County <i>—</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>April</i>	Day <i>29</i>	Age <i>68</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>			
Occupation <i>House wife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>H. C. Johnson</i>					
Father's Name <i>Henry Ozman</i>			Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Anne Warren</i>			Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Hospital records</i>			How related to deceased <i>none</i>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>5 yr.</i>
Immediate	<i>Exhaustion</i>	How long	<i>?</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Henry Fisher M.D.</i>	
		Address <i>Sykesville Md.</i>	
Accident or Suicide? <i>no.</i>			

27

James  
M. Smith



Name  
in  
Full

Sarah Jones

338  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mudford</i> <small>Town</small>		<i>Canoll</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>April</i> <small>Month</small>	<i>1</i> <small>Day</small>	<i>81</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>12</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland.</i>			
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>Home.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Abraham Jones.</i>				
Father's Name <i>Andrew Woodyard</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Hannah Zutz</i>	Mother's Birthplace <i>Maryland.</i>				
Name of person giving information <i>Jesse King</i>	How related to deceased <i>Son.</i>				

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary <i>Articular Rheumatism</i>	How long <i>15 days.</i>
Immediate <i>Exhaustion</i>	How long <i>6 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Gentry</i>
	Address <i>New Windsor</i>
	<i>Canoll Co. Maryland.</i>
Accident or Suicide?	

Western Chapel Am  
Stones

Name  
in  
Full

Soloman Kephart

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Taneytown <sup>County</sup> Carroll

MARYLAND

Date of death 1908 <sup>Month</sup> Apr <sup>Day</sup> 27 <sup>Age</sup> 81 <sup>Years</sup> <sup>Months</sup> 7 <sup>Days</sup> 3

Sex Male Color or Race White Birthplace Harpersferry Va

Occupation Farmer Where Residing if not at place of death

~~Married, Single~~ Single ~~or Widowed~~ Name of Wife or Husband

Father's Name David Kephart

Father's Birthplace Md

Mother's Maiden Name Susan Lynn

Mother's Birthplace Md

Name of person giving information Frank Kephart

How related to deceased Brother

## CAUSES OF DEATH

10

Primary Grip - How long 6 weeks.

Immediate old age &amp; exhaustion How long 3 days.

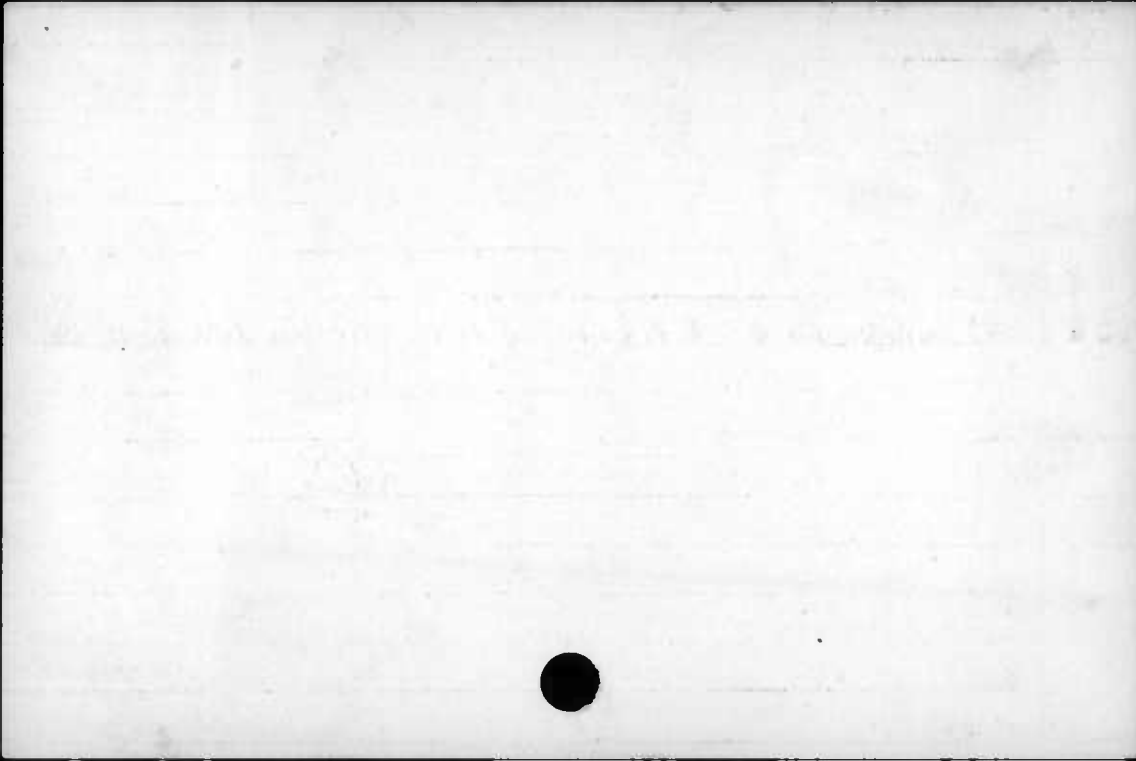
Are the name, age, sex, color, date and place correctly given above Yes

Signature of Physician J. N. Feiss.

Address Pawcaton Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary L Koons*

Died at *Fairview* Town *Carroll* County

Date of death *1908* *Apr* *27* Age *71* Years *7* Months *1* Days

Sex *Female* Color or Race *White* Birth-place *Med*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Daniel Koons*

Father's Name *Lideon Leitcher* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Ann Macauley* Mother's Birthplace *South West*

Name of person giving information *John L Koons* How related to deceased *Son*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *One year*

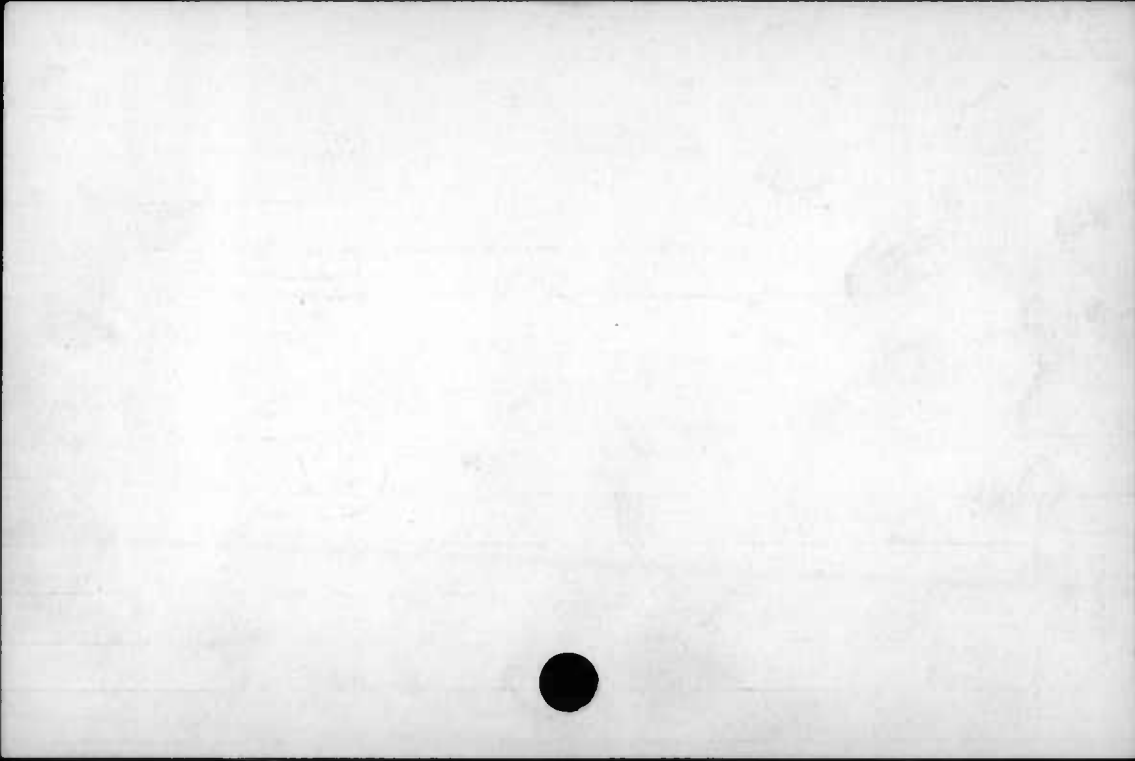
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Luther Kemp*

Address *Uniontown Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Starting E. Late

Died at *Lanswood* TownCounty *Carroll*

MARYLAND

Date of death *1908 April* MonthDay *6*Age *21* YearsMonths *6*Days *21*Sex *Male*Color or Race *White*Birth-place *md*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Hugh Late*Father's Birthplace *md*Mother's Maiden Name *Salara Wymark*Mother's Birthplace *md*Name of person giving information *A. E. Gilbert*How related to deceased *Grandmother*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONERPrimary *Pneumonia & Complications*How long *11 days*Immediate *Exhaustion*How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Dr. E. Whitehead*Address *New Windsor Md*Accident or Suicide? *—*

Bruce at Bassett Church

Name  
in  
Full

Effie H Lawrence

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

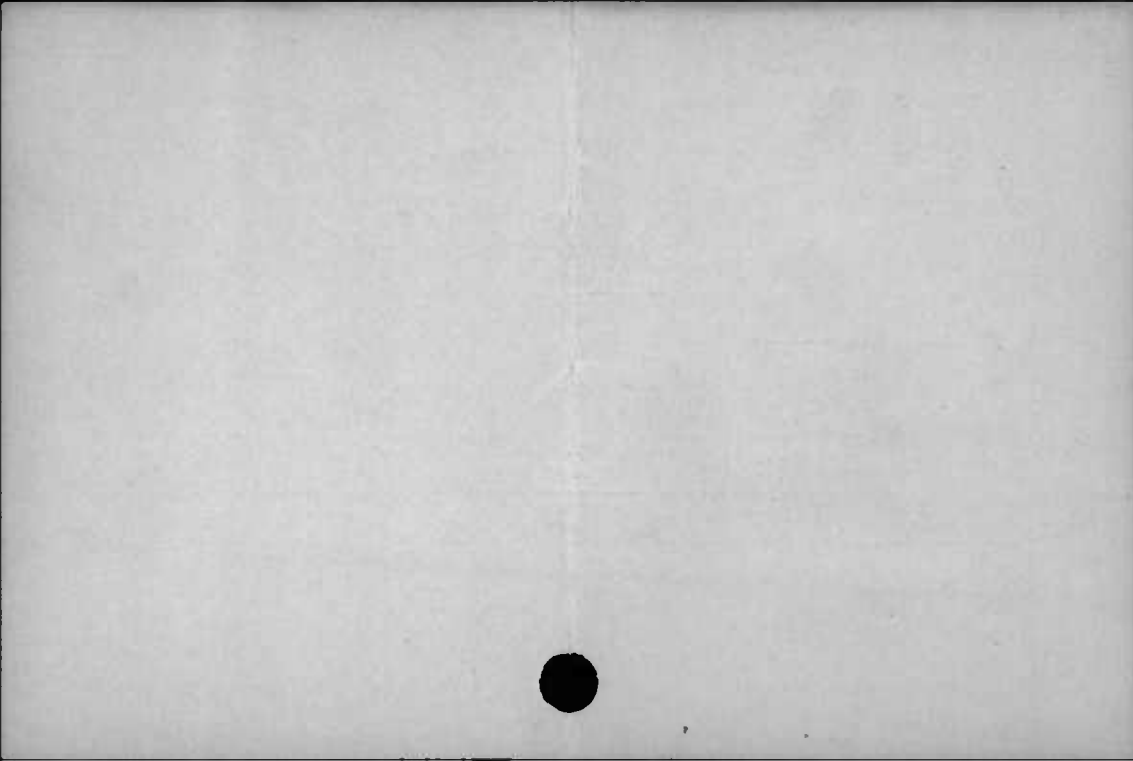
Died at <i>near Mayberry</i>		Town <i>Barroll</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Apr</i>	Day <i>1</i>	Age	<i>9</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Thomas Lawrence</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Ella Bollinger</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Thomas Lawrence</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

92

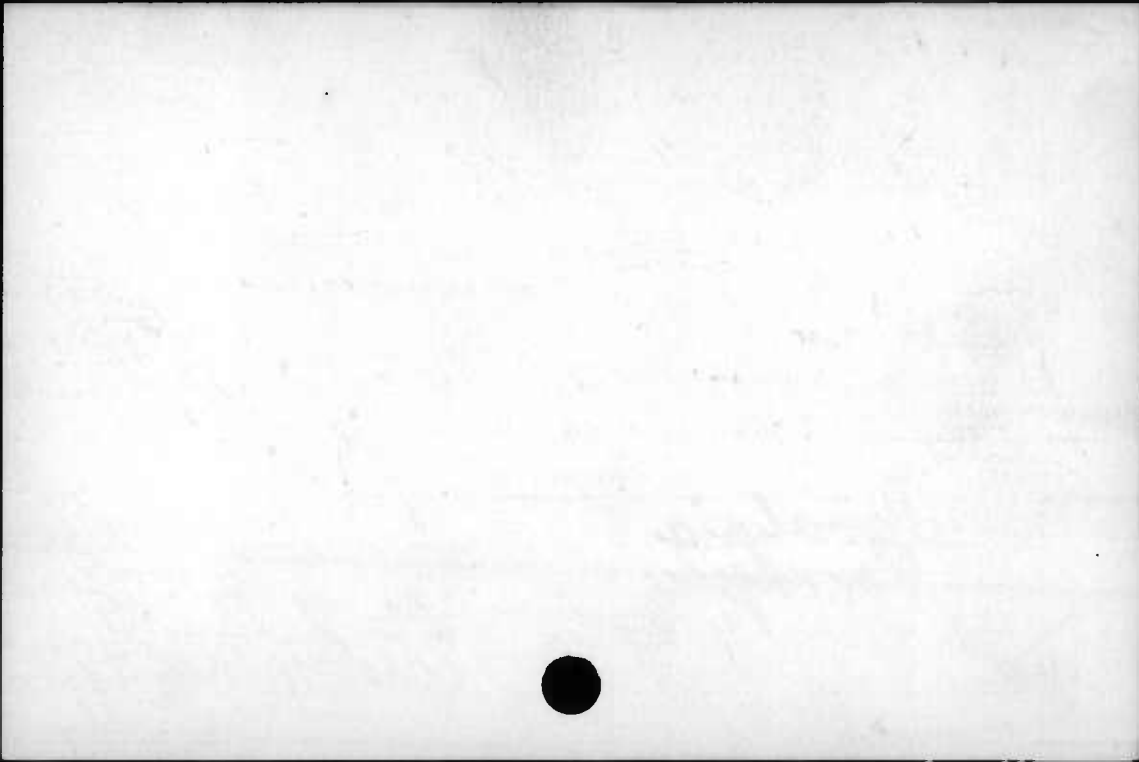
PHYSICIAN  
OR CORONER

Primary	<i>Pneumo-Pneumonia</i>	How long <i>Five days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Luther Neub</i>
		Address <i>Uccombtown Md</i>
Accident or Suicide?		



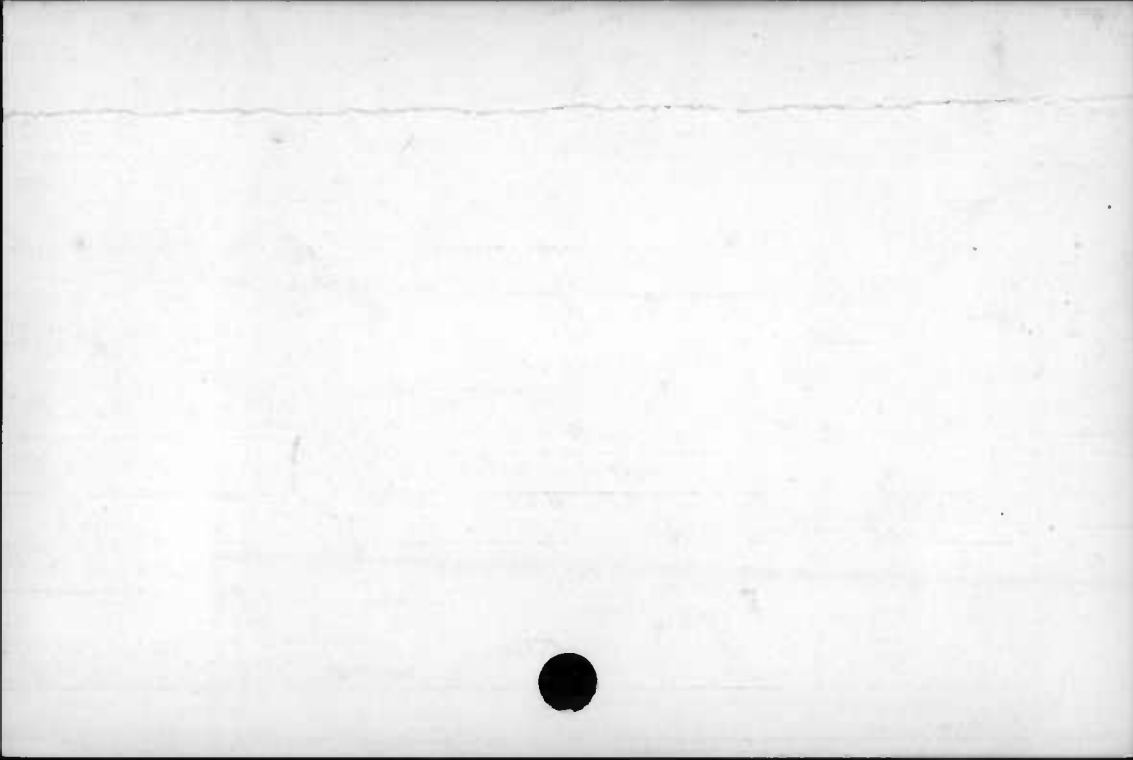
Name in Full		Zehman, Eva				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Sykesville		County Carroll		MARYLAND	
	Date of death	1908	Month April	Day 4	Age 76	Years —	Months —
	Sex	Female		Color or Race	German		
	Occupation	House Wife		Where Residing if not at place of death	—		
	Married, Single or Widowed	Yes		Name of wife or Husband	Frederick G. Zehman		
	Father's Name	John Kober		Father's Birthplace	Germany		
	Mother's Maiden Name	do not know		Mother's Birthplace	Germany		
Name of person giving information	Fred Zehman		How related to deceased	Husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Old age				How long	—
	Immediate	Gastritis				How long	11 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	D. B. Sprecher
	Accident or Suicide?	no				Address	M. D. Morris Sykesville

104





Name in Full		David H Lister				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Eden <sup>Town</sup> Farm near Eden <sup>County</sup> Carroll		MARYLAND			
	Date of death	1908	Month	Apr	Day	6	Age	61
					Months	5	Days	9
	Sex	Male		Color or Race	White		Birth-place	Eden
	Occupation	Farmer			Where Residing if not at place of death			at home
	Married, Single or Widowed	Married		Name of Wife or Husband	Annie Lister			
	Father's Name	Nathaniel Lister				Father's Birthplace	dont know	
	Mother's Maiden Name	Elizabeth Keller				Mother's Birthplace	dont know	
Name of person giving In formation		Mrs Annie Lister				How related to deceased	Wife	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="float: right; border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 2em; margin-top: -50px;">66</div>								
PHYSICIAN OR CORONER	Primary	Paralysis				How long	7 months	
	Immediate	Paralysis				How long	2 weeks	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
				M. Z. Bato				
				Went Minister Md.				
Accident or Suicide								



Name  
in  
Full

Thomas Liffy ✓

349  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Medford</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	<i>April</i> <sup>Month</sup>	<i>28</i> <sup>Day</sup>	<i>52</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>
			<i>19</i> <sup>Days</sup>		
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Carroll Co., Md.</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mrs Jane Liffy</i> ✓		
Father's Name	<i>Joseph Liffy</i>		Father's Birthplace	<i>Carroll Co Md</i>	
Mother's Maiden Name	<i>Julie Harris</i>		Mother's Birthplace	<i>Carroll Co Md</i>	
Name of person giving information	<i>Mrs Thos Liffy</i> ✓		How related to deceased	<i>Wife</i>	

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

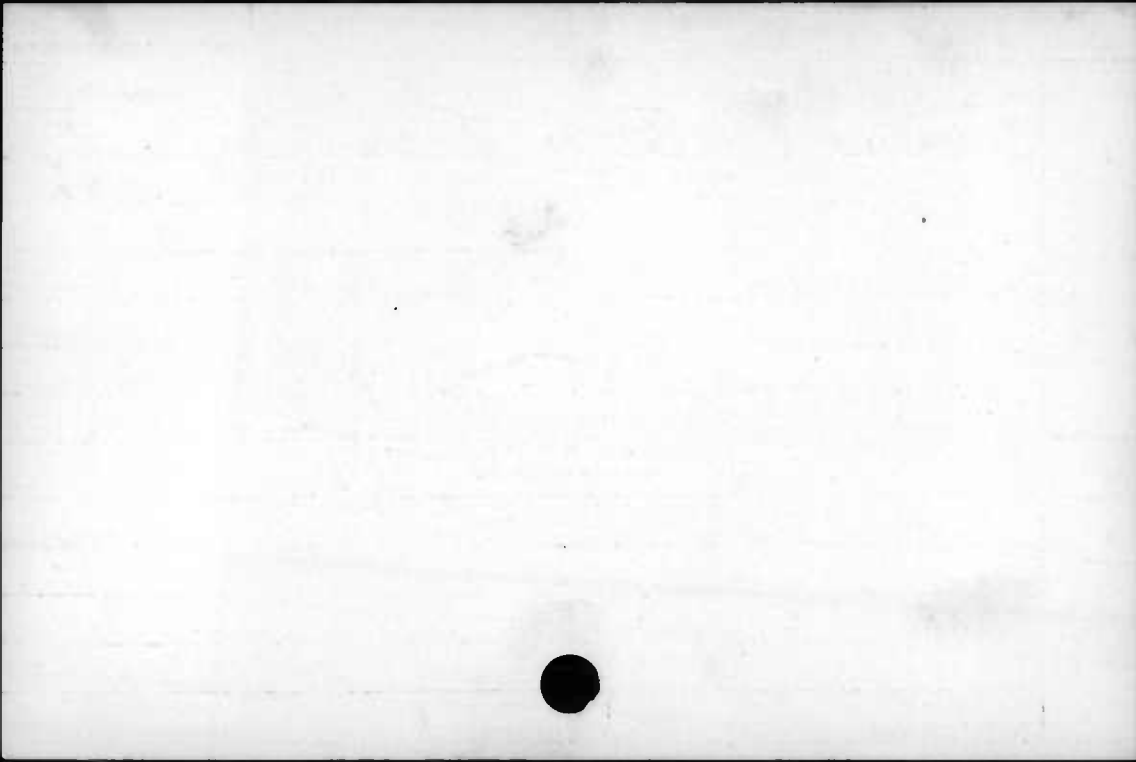
Primary	<i>Cancer of Liver</i>	How long	<i>Don't know</i>
Immediate	<i>" "</i>	How long	<i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L. Woodward</i>
		Address	<i>Westminster Md</i>
Accident or Suicide?	<i>No</i>		

St-Johannes Leichter  
Stöner.

Name in Full		Elizabeth Cecilia Lowmy				341	
						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Westminster		County Carroll		MARYLAND
	Date of death		1908	Month April	Day 7	Age 64	Years Months Days 4
	Sex		Female		Color or Race Colored		Birth-place Maryland
	Occupation		Housekeeper		Where Residing if not at place of death		
	Married, Single or Widowed		Widow		Name of Wife or Husband Wm. Lowmy		
	Father's Name		John Henderson		Father's Birthplace Maryland		
	Mother's Maiden Name		Don't know		Mother's Birthplace Maryland		
Name of person giving information		Algernon Bundy		How related to deceased Son-in-law			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Grippe & Heart Failure				How long one month
	Immediate		acute indigestion				How long one day
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician M. B. Batt		
					Address Westminster Md		
	Accident or Suicide?						

Ellsworth C. C. C. C.  
Stoner

Name in Full <b>Hensetta Manthey</b>		CERTIFICATE OF DEATH			
Died at <b>Manchester</b> Town		<b>Carroll</b> County		MARYLAND	
Date of death	<b>1908</b>	Month <b>April</b>	Day <b>30</b>	Age <b>67</b> Years	Months <b>9</b> Days <b>8</b>
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Melrose Md</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death			
Married, Single or Widowed <b>married</b>	Name of Wife or Husband <b>Valentine D Manthey</b>				
Father's Name <b>William Cummings</b>	Father's Birthplace <b>Melrose Md</b>				
Mother's Maiden Name <b>Annie M. Stebbins</b>	Mother's Birthplace <b>Melrose Md</b>				
Name of person giving information <b>Valentine D Manthey</b>		How related to deceased <b>Husband</b>			
CAUSES OF DEATH					
(79)					
PHYSICIAN OR CORONER	Primary <b>Hypertrophy of Heart - Mitral Regurgitation</b>		How long <b>2 years</b>		
	Immediate <b>Dropsy</b>		How long <b>1 yr</b>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. H. Sherman</b>		
	<b>yes</b>		Address <b>Manchester Md</b>		
	Accident or Suicide?				





Name in Full		Hilda Jennie Martin				347		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mexico		County Carroll		MARYLAND		
	Date of death		1908	Month April	Day 20	Age 2	Years 2	Months 2	Days 17
	Sex		Female		Color or Race white		Birth-place Maryland		
	Occupation None				Where Residing if not at place of death				
	Married, Single or Widowed		Single		Name of Wife or Husband				
	Father's Name Adam J. Martin				Father's Birthplace Maryland				
	Mother's Maiden Name Irene Hutch				Mother's Birthplace Maryland				
Name of person giving information Adam J. Martin				How related to deceased Father					
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary				Inanition		How long		6 mos.
	Immediate				"		How long		6 H
	Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician Leona Woodward		
	Accident or Suicide?				No		Address Westminster Md.		

St John's Leesters  
Stones

Name In Full		Catharine Virginia Mathias				345 CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town		County		MARYLAND		
		Date of death		Month	Day	Age Years	Months	Days
		Sex		Color or Race		Birth- place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace						
Name of person giving In formation		How related to deceased						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">43</div>								
PHYSICIAN OR CORONER		Primary		Mammary carcinoma		How long		
		Immediate		Genital carcinoma, metastasis		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		Henry M. F. Taylor				
Accident or Suicide?				West Minister, Ind.				

Bachman

Name  
in  
Full

339

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frizzelburg</i>		Town <i>Carroll</i>		County	
Date of death <i>1908</i>	Month <i>APR</i>	Day <i>11</i>	Age <i>61</i>	Years	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of <del>Wife</del> or Husband <i>James Myers</i>				
Father's Name <i>Daniel Whitmyer</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Lidia Myerly</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Frank P. Myers</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>One Year</i>
Immediate	<i>Exhaustion</i>	How long	<i>10 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Stewart</i>	
		Address <i>Westminster Md</i>	

Pleasant Valley, Cen  
Stones.

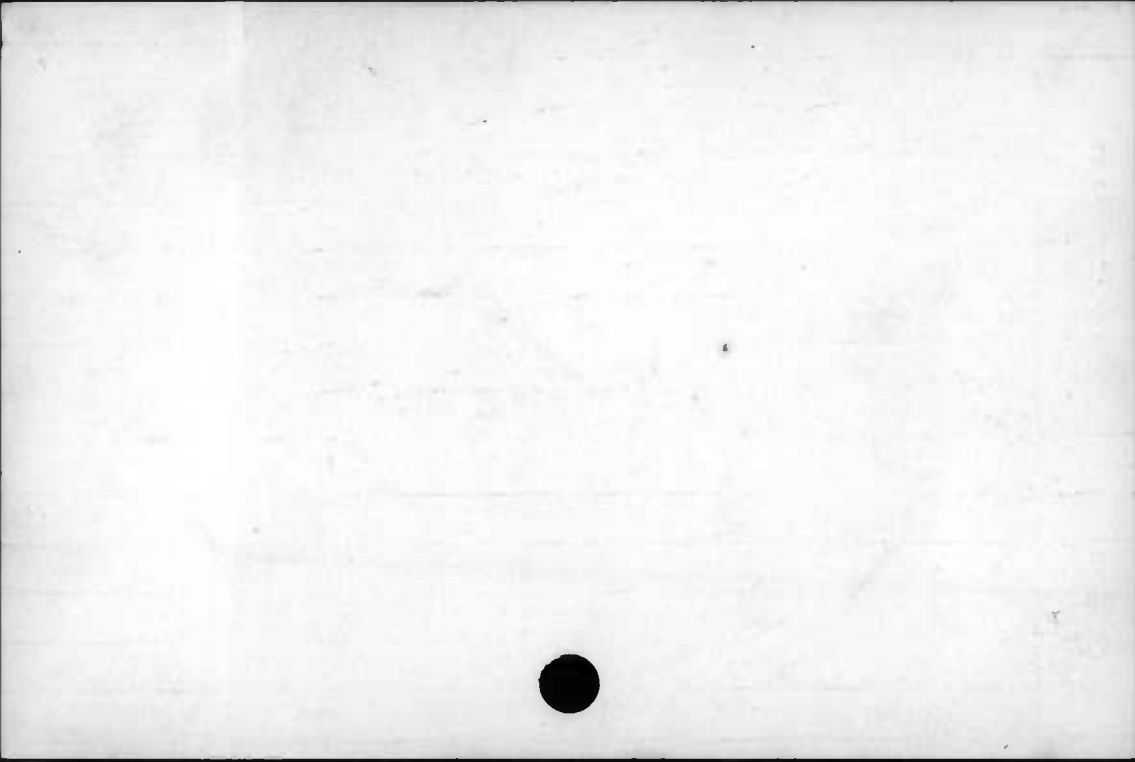
Name in Full		Amos Packard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County		MARYLAND
	Date of death <i>1908 April 29</i>		Month <i>April</i> Day <i>29</i>		Age <i>80</i> Years		
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maine</i>		
	Occupation <i>Farmer</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Unknown</i>				
	Father's Name <i>Unknown</i>		Father's Birthplace <i>"</i>				
	Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>				
Name of person giving information <i>Hospital record</i>		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Senile dementia</i>		How long <i>2 yrs.</i>				
	Immediate <i>Exhaustion</i>		How long <i>progressive</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. J. Carey</i>				
			Address <i>Sykesville Md.</i>				
	Accident or Suicide? <i>no</i>						

154





Name in Full		Ralph Pickett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Daniel	County Carroll		- MARYLAND		
	Date of death	1908	Month April	Day 6	Age	Years —	Months 1	
	Sex	Male		Color or Race	Birth-place Daniel			
	Occupation	=			Where Residing If not at place of death Daniel			
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name	Calvin Pickett				Father's Birthplace	Daniel	
	Mother's Maiden Name	Galdy Keeffer				Mother's Birthplace	Tommy Town	
Name of person giving information		Calvin Pickett				How related to deceased	Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Malaria					How long	151 / mo.
	Immediate	"					How long	"
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			E. D. Crack
					Address			Winfield Carroll ex.
	Accident or Suicide?							



Name  
in  
Full

Horatio Keiley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		4	28	28	28	1	24
Sex	Color or Race			Birth-place			
Male	white			Manchester Md			
Occupation				Where Residing if not at place of death			
Cigar Maker							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
John S Keiley		Manchester Md					
Mother's Maiden Name		Mother's Birthplace					
Sarah E. Keiley		York Co Pa					
Name of person giving information		How related to deceased					
John S Keiley		Father					

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	11 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J H Sherman M.D.	
		Address	
		Manchester	
		Md	
Accident or Suicide?			



Name  
in  
Full

Lydia Riffle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

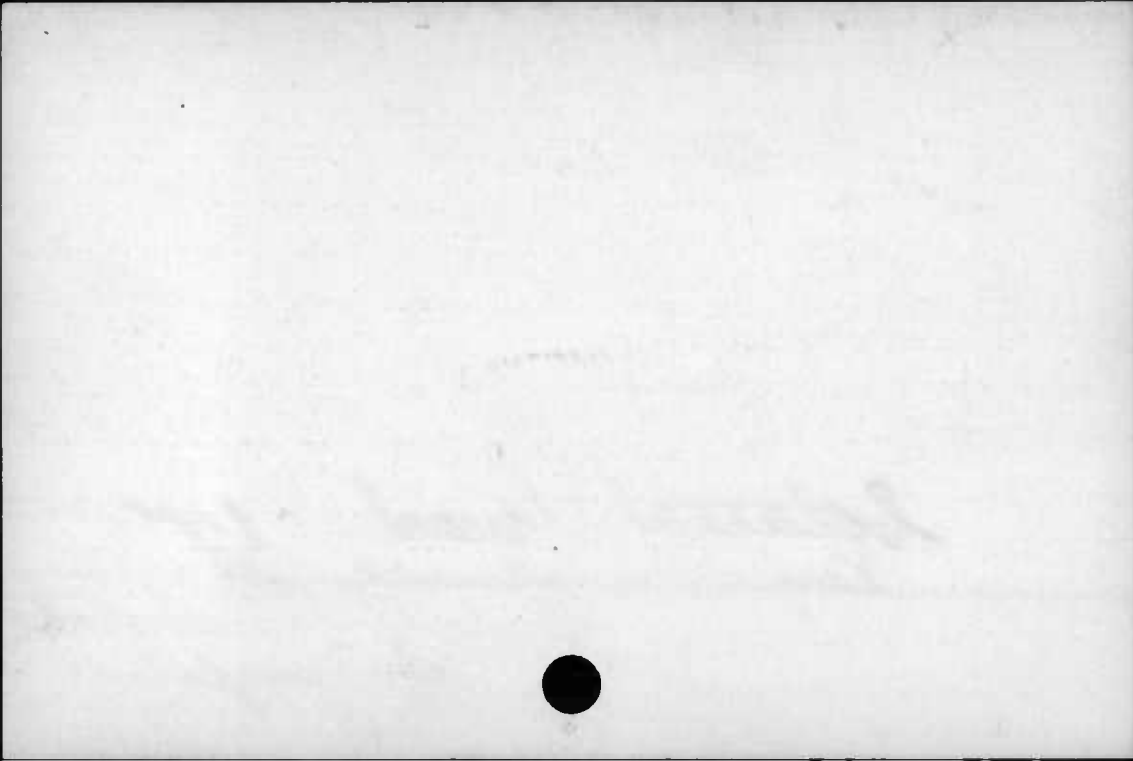
Died at <i>6<sup>th</sup> Dist.</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>21</i>	Years <i>93</i>	Months <i>11</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>Residence</i>			
Married, Single or Widowed <i>widowed</i>	Name of <del>Wife or</del> Husband <i>Edward Riffle</i>				
Father's Name <i>unknown Steffe</i>	Father's Birthplace <i>unknown</i>		Mother's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>	Name of person giving information <i>Aug. Riffle</i>		How related to deceased <i>Son</i>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Found dead in bed</i>	How long
Immediate <i>history of organic Heart disease</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John S. Ziegler</i>
<i>no evidence of violence</i>	Address <i>Melrook Md</i>



Name  
in  
Full

Jacob Rineman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Hampstead</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>apr</i>	Day <i>3</i>	Age <i>82</i>	Months <i>5</i>	Days <i>14</i>		
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Carroll Co, Md</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>near Hampstead</i>				
Married, Single or Widowed <i>Widower</i>		Name of Wife or <del>husband</del> <i>Wife dead</i>					
Father's Name <i>Jacob Rineman</i>				Father's Birthplace <i>Pennsylvania</i>			
Mother's Maiden Name <i>Mrs Catrider</i>				Mother's Birthplace <i>don't know</i>			
Name of person giving information <i>Geo Rineman</i>				How related to deceased <i>Son-in-law</i>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Catarial Stomach</i>	How long <i>1 year</i>
Immediate <i>General weakness</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr R F Richards</i>
	Address <i>Hampstead</i>
Accident or Suicide?	

1825 - Oct 19

12 30

1908. 4. 3

1825. 110. 19

---

82 35. 14

33.

19.  
14.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George Harry Routson</i>		Town <i>Uniontown</i>		County <i>Cannell</i>		MARYLAND	
Died at <i>Uniontown</i>		Month <i>April</i>		Day <i>18</i>		Years <i>72</i>	
Date of death <i>1908 April 18</i>		Months <i>1</i>		Days <i>16</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Uniontown</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Ann A. Roof</i>					
Father's Name <i>Harry Routson</i>		Father's Birthplace <i>Silver Run</i>					
Mother's Maiden Name <i>Elizabeth Garner</i>		Mother's Birthplace <i>Limerick Pa.</i>					
Name of person giving Information <i>Melvin W. Routson</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary		How long	
<i>Melvin</i>		<i>2 weeks</i>	
Immediate		How long	
<i>Melvin</i>		<i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Luther Keup</i>	
<i>Yes</i>		Address <i>Uniontown</i>	
Accident or Suicide?			



Name  
in  
Full


## CERTIFICATE OF DEATH

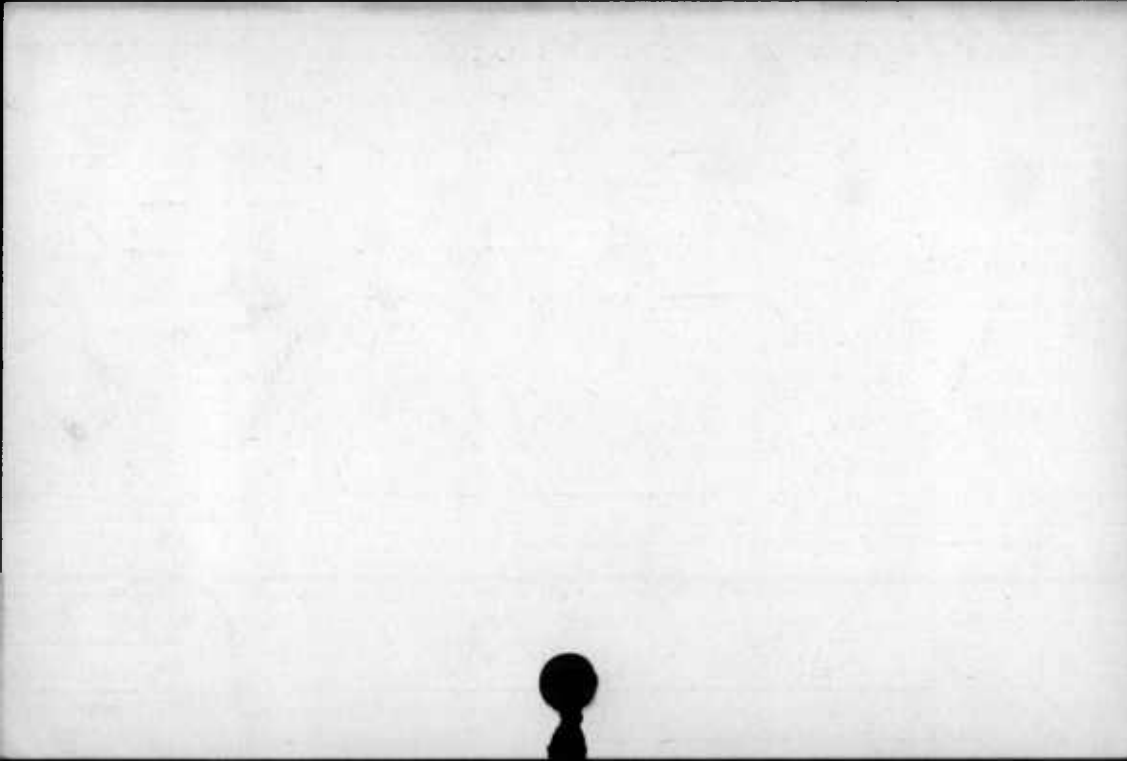
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Deborah Saint</b>		Town <b>Weldon</b>		County <b>Barrell</b>		MARYLAND	
Died at <b>Weldon</b>		Date of death <b>1908 April 5</b>		Age <b>105</b>		Months <b>—</b> Days <b>—</b>	
Sex <b>Female</b>		Color or Race <b>Black</b>		Birth-place <b>Maryland</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>Weldon</b>					
Married, Single or Widowed <b>Widow</b>		Name of Wife or Husband <b>Samuel Saint</b>					
Father's Name <b>unknown</b>				Father's Birthplace <b>unknown</b>			
Mother's Maiden Name <b>unknown</b>				Mother's Birthplace <b>unknown</b>			
Name of person giving information <b>Jerry Hammond</b>				How related to deceased <b>son-in-law</b>			
CAUSES OF DEATH							

79

PHYSICIAN  
OR CORONER

Primary	<b>Mitral Insufficiency</b>	How long	<b>two years</b>
Immediate	<b>anasarca</b>	How long	<b>two weeks</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Dr. J. C. Cook</b>	
		Address <b>Taylorville</b>	
		Accident or Suicide?	



Name  
in  
Full

Elizabeth Bellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

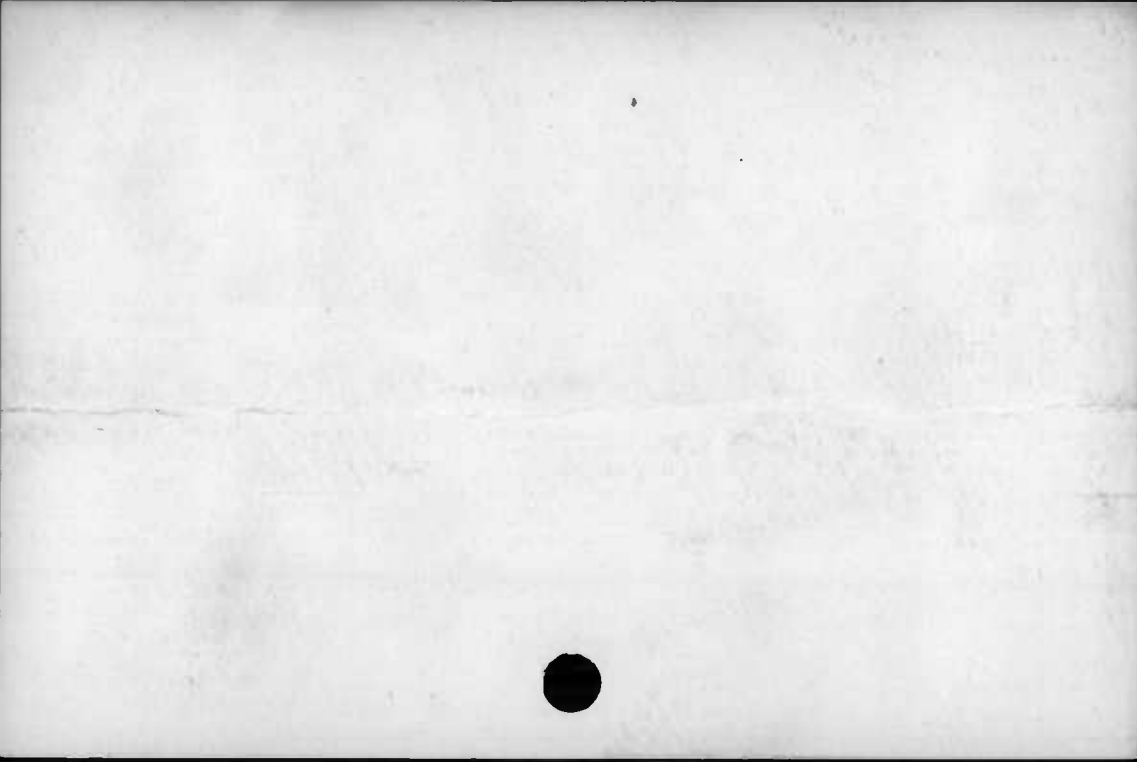
Died at		Town Freedom		County Carroll		MARYLAND	
Date of death		1908	Month April	Day 14	Age 76	Months	Days
Sex Female		Color or Race White		Birth-place Md.			
Occupation none				Where Residing if not at place of death same			
Married, Single or Widowed Widow		Name of Wife or Husband Wm Sellman					
Father's Name Wm Brandenburg		Father's Birthplace Md.					
Mother's Maiden Name Rachel Purdum		Mother's Birthplace Md.					
Name of person giving information Jas B Weer		How related to deceased Family friend					

CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	Old age	How long	-
Immediate	Bronchitis	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. H. Morris	
		Address	
		Chesburg.	
Accident or Suicide?			
no.			



Name  
in  
Full

Harry Slater

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

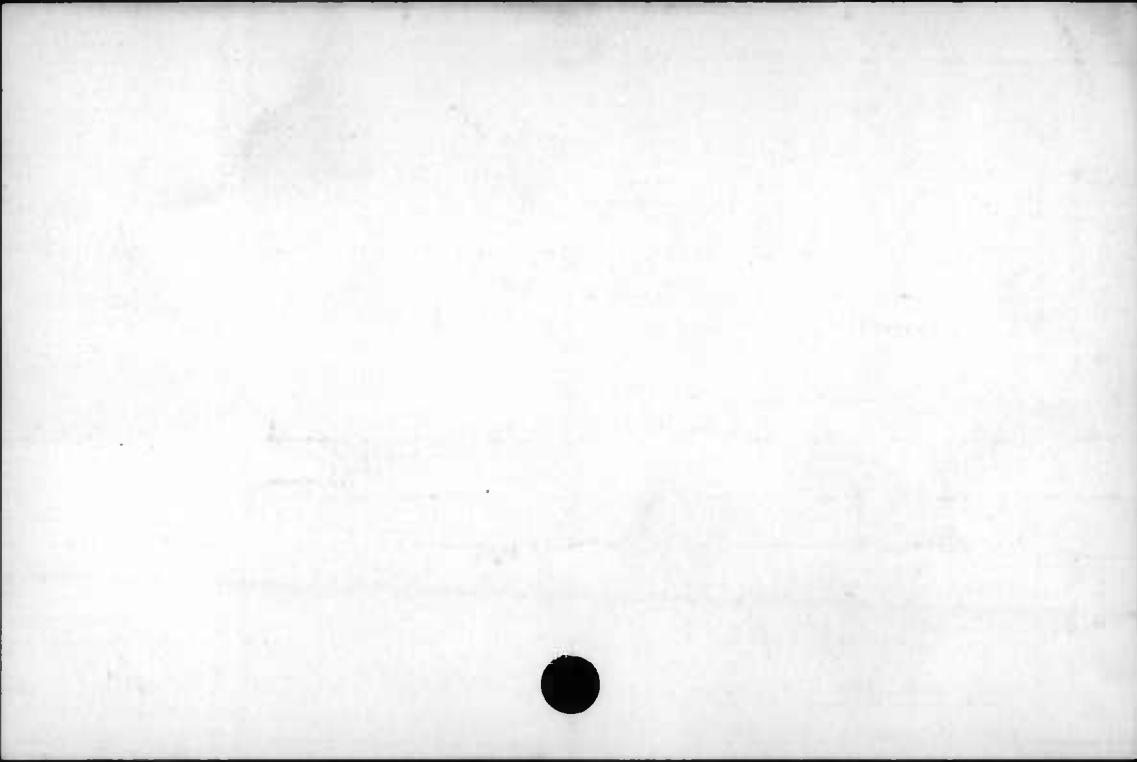
Died at <i>Springfield Hospital</i>		County <i>Carrall</i>		State <i>MARYLAND</i>	
Date of death	Month <i>April</i>	Day <i>27</i>	Years <i>41</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>Labaner</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>John Slater</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Harriet Rey</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Hospital records</i>			How related to deceased		

CAUSES OF DEATH

(67)

PHYSICIAN  
OR CORONER

Primary	<i>General Paresis</i>	How long	<i>Unknown</i>
Immediate	<i>Cerebral congestion</i>	How long	<i>8 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Chas. J. Carey</i>	
		Address	
		<i>Syrersville md.</i>	
Accident or Suicide?			
<i>no.</i>			





Name  
in  
Full

Lydia Rebecca Smith

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *near Eldersburg*

*Carroll*

Date

Month

Day

Years

Months

Days

of death *1908*

*April*

*22*

Age

*82*

*-*

*4*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Montg. Co. Md*

Occupation

*none*

Where Residing if not  
at place of death

*same*

Married, Single  
or Widowed

*Widow*

Name of Wife or  
Husband

*Charles C. Smith*

Father's  
Name

*Nancy Griffith*

Father's  
Birthplace

*md*

Mother's  
Maiden Name

*Ruth M. Eldersburg*

Mother's  
Birthplace

*md*

Name of person giving  
information

*Ruth A. Hammond*

How related  
to deceased

*daughters*

CAUSES OF DEATH

*64*

Primary

*Senility*

How long

Immediate

*apoplexy*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*yes.*

Signature of  
Physician

*M. D. Horner*

Address

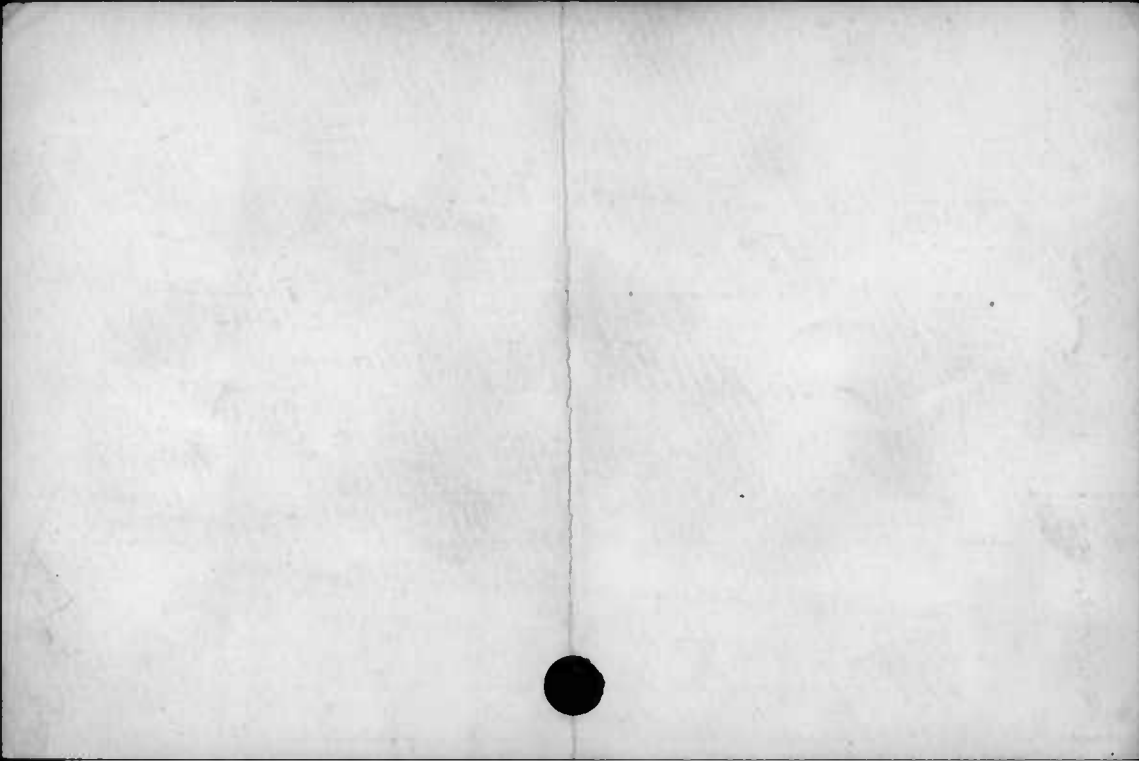
*Eldersburg*

Accident or Suicide?

*no.*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full348  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Elizabeth Weaver</i>		Town <i>Potomac</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Potomac</i>		Month <i>April</i>		Day <i>22</i>		Age <i>47</i>	
Date of death <i>1908</i>		Month <i>April</i>		Day <i>22</i>		Age <i>47</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>		Months <i>10</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>		Days <i>13</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Weaver</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Unknown</i>	
Father's Name <i>John Smith</i>		Mother's Maiden Name <i>Leont Know</i>		How related to deceased <i>Husband</i>			
Name of person giving Information <i>George Weaver</i>							

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary <i>Extensive burns, both legs hips back</i>		How long <i>4 weeks</i>	
Immediate <i>Asthenia</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Confusing of front oil used for cleaning floor</i>		Signature of Physician <i>Henry M. Fitzgibbon M.D.</i>	
Accident or Suicide? <i>—</i>		Address <i>Westminster</i>	

Western Chapel  
Honorably

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hampstead</i> Town		<i>Carroll</i> County		MARYLAND			
Date of death	<i>1908</i>	Month <i>4</i>	Day <i>1</i>	Age <i>X</i>	Years <i>X</i>	Months <i>X</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hampstead, Md.</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>X</i>						
<del>Married, Single or Widowed</del>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Peter F. Masrier</i>	Father's Birthplace <i>Balto. Co. Md.</i>						
Mother's Maiden Name <i>Elmore Kempf</i>	Mother's Birthplace <i>Balto. Co. Md.</i>						
Name of person giving information <i>Peter F. Masrier</i>	How related to deceased <i>Father</i>						

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough.</i>	How long <i>1 wk.</i>
Immediate <i>Strangulation</i>	How long <i>Five minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Edgar M. Bush</i>
	Address <i>Hampstead, Md.</i>
Accident or Suicide? <i>X</i>	

